

# APPLICATION FOR TEMPORARY USE

Each application must have a site plan showing the location of the project, or picture indicating accurate relevant dimension. All permits are issued to the applicant unless otherwise specified

PLANNING DEPARTMENT  
100 S Market St. Troy, OH 45373  
Phone (937)339-9481, Fax (937)339-93  
[www.troyohio.gov](http://www.troyohio.gov)



<b>1 LOCATION OF PROJECT</b>		Project Address		Subdivision		Lot No(s)													
		Type of structure																	
<b>2 REQD INFO</b>		Names (Please <u>Print</u> )		Mailing Addresses – Street, City, Zip Code		Phone (Day time)													
	APPLICANT																		
	CONTRACTOR																		
	PROPERTY OWNER																		
3	# of Temporary Uses	4	Size(s) of temporary use(s)																
5	Total sq ft of each temporary use(s)	6	Up date of temporary use(s)	7	Down date of temporary use(s)														
8	Proposed Usage of Temporary Use																		
<b>9 SIGN YOUR FULL NAME</b>				<b>OFFICE USE ONLY</b>															
<p>By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signing this application allows a representative to enter said property for inspection purposes.</p> <p>Signature of applicant _____</p> <p>Date: _____</p> <p>Fax No. _____</p>				<table border="1"> <thead> <tr> <th>TYPE OF WORK</th> <th>FEE \$</th> <th>TOTALS</th> </tr> </thead> <tbody> <tr> <td>TEMPORARY USE FEE</td> <td>50.00</td> <td></td> </tr> <tr> <td>TTL AMT DUE</td> <td></td> <td></td> </tr> <tr> <td>TTL AMT PAID</td> <td></td> <td></td> </tr> </tbody> </table>				TYPE OF WORK	FEE \$	TOTALS	TEMPORARY USE FEE	50.00		TTL AMT DUE			TTL AMT PAID		
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TTL AMT PAID																			
<b>OFFICE USE ONLY</b>																			
ZONING DISTRICT	HISTORIC DISTRICT Yes      No	FLOOD ZONING A    AE    X		Date:		Receipt No.													
APPROVAL CONTINGENT UPON THE FOLLOWING:																			
PERMIT ISSUED BY:				Signature of Applicant witnessed and received by:															
• REFER TO PERMIT NO:		• DATE:		NOTES:															
RECEIVED:																			